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Liminal Living at an Extended Stay Hotel: Feeling “Stuck” in a Housing Solution

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As a result of unaffordable housing, many of America's working poor are forced to seek shelter in hotels to avoid homelessness. The concept of liminality has been used in discussions of place to describe the subjective experience of feeling in-between two states of being. Research is scant on the liminal experiences of low-income hotel residents, who are culturally invisible in society. This paper draws from data qualitatively collected via semi-structured interviews from ten low-income residents living in an extended-stay hotel. Descriptions of these residential experiences are presented along with recommendations for social workers practicing with families in this liminal situation.

Key words: affordable housing, extended-stay hotel, liminality, social work

Daily struggle for housing is an unfortunate reality in American culture. Some families are unable to live in houses or apartments because of the lack of accessible or affordable housing (Clampet-Lundquist, 2003). People working for
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minimum wage cannot afford housing at the Department of Housing and Urban Development (HUD) Fair Market Rent (Coalition, 2003). According to HUD research, there were 5.18 million unassisted renters who earn less than 50% of the local area median income (AMI), pay more than half of their income in housing costs, and live in substandard housing conditions (Research, 2003). This number increased significantly to nearly 6 million people in 2005—meaning, over 800,000 people dropped into this category in only two years (Research, 2005). Even more frightening is the fact that this increase does not include Hurricanes Katrina and Rita victims because the data extraction occurred before the latter part of 2005. Of this population, 77% were extremely low-income households earning less than 30% of the AMI. Over 2 million of these unassisted renters were families with children and over 1 million were older adults. Families with children experienced the highest increase in worst case housing, a reported increase of 475,000 households (Research, 2005). The purpose of this manuscript is to shed light on the personal struggles experienced by low-income families in an extended-stay hotel who are desperately trying to find a permanent housing solution.

Sadly, for a great number of low-income people in the United States, housing is simply out of reach financially (Coalition, 2004). Housing prices have risen and fallen since the 20th century (Shiller, 2006) and there have been continuous forecasts of the U.S. housing industry's move from an economic boom to an expected bust. Unfortunately, the modest decrease in housing costs caused by the current declining market will not affect the lower-income families (Stern, 2007). The recent housing crisis around mass foreclosures in America has victimized many of these families. As rental units are being foreclosed on, tenants are facing forced evictions (Smith, 2008). More than 2,000 foreclosures were reported nationally in 2007, a 75% increase from 2006, with the same projections expected for 2008 and 2009 (Erlenbusch, O'Connor, Downing, & Phillips, 2008). One third of American homeowners are expected to face foreclosure in the next two years (Urahn & Hearne, 2008). As a result of this crisis, renting families turn to extended family and friends, shelters, hotels, or face homelessness on the streets. In fact, in a recent survey 61-78% of 142 housing counselors were

aware of families who doubled-up with relatives or friends and 51-52% of these counselors knew of families moving into homeless shelters or hotels (Erlenbusch et al., 2008; Wardrip & Pelletiere, 2008).

Complicating housing availability for these families are increasing rental rates (Research, 2006), further troubled by the demand for units during the foreclosure crisis (Studies, 2008). Such increases are an economic strain on several areas of family functioning, because although it may be possible to adjust the amount of food or clothing bought to accommodate inflating prices, one cannot as easily choose to buy half as much housing to adjust for increases in cost. Therefore, with an unchanged income, an individual must make adjustments in non-housing expenses (Stone, 1993).

Other causes contributing to unaffordable and inaccessible housing are decreases in the public housing stock, low income wages, larger home designs, higher land costs, gentrification, slow growth regulations, and the resistance of community residents to building affordable housing in their own communities (Colton, 2003; Stone, 2006; Tanner, 2001). Low-income families with limited financial resources have turned to the American government for housing needs. Governmental response to the affordability problem has been addressed by the HUD through shelter programs, rental subsidy vouchers (Section 8), and local community building projects. Although these programs have had some successes, the magnitude of the problem undercuts the effectiveness of these solutions (Anderson et al., 2003). Therefore, even with governmental interventions some individuals still fall short of housing stability.

Housing in hotels and motels has been an ad hoc solution for low and middle-income families since the post-Depression period in an effort to avoid becoming homeless and to remain sheltered (Cromley, 1990; Groth, 1994). News coverage of motels often reports tough living conditions, including descriptions of the places as dangerous, filthy, odorous, and infested with crime, bugs, and drugs (Bostram, 2005; Brown & Sanchez, 2005; Greenberg, 2001; Gutierrez, 2005; Peterson, 2005; Schuetz, 2004). Despite the negative reports, however, a benefit to families considering this type of lodging as a housing option is not having to accumulate a lump sum of money for a

security deposit or down payment, as would be required to get into an apartment or house (Bergsman, 1999).

Most residents in this current study paid over \$800 per month for their hotel room and its conveniences, although other residential hotel fees could be found as low as \$500 - \$600 monthly depending on the location and degree of maintenance. The hotel chosen for this study had the lowest advertised price in the suburban county at the time of site selection. Due to the ability to bundle living expenses (rent, utilities, furniture) and services (cleaning, repairs) in a daily, weekly, or monthly payment, respondents concluded that hotel living was actually less costly than living in an apartment or house. To maintain these same necessities and conveniences in an apartment would require them to manage other bills that would exceed \$1,000 per month.

Residents in this study were fully responsible for paying all of their hotel fees, unlike many displaced residents in welfare hotels who might receive public assistance subsidies to assist with the cost (Arrigo, 1994). Another difference between the hotel where these residents resided and welfare hotels or single-room occupancy (SRO) accommodations is that the extended-stay facility is a completely private, commercial property without a mission to provide permanent affordable housing for low-income families, like SRO programs (Arrigo, 1994). Instead, it provides longer-term accommodations for anyone willing to pay the weekly rental fee, typically business men and women, travelers, vacationers with children, and long-term contract workers in town for an extended time. Therefore, there is no intake process to determine eligibility to stay and consistent daily traffic of short-term guests throughout the hotel is common.

The one-room snug accommodation contained one or two beds; a nightstand with a lamp, telephone, and alarm clock; a corner dining area with a table, two chairs, and a television; an open closet with one rack; a full bathroom with a sink, mirror, commode, and shower stall or bathtub; and a kitchenette. The small kitchenette housed a dorm-sized refrigerator/freezer, two cabinets, a sink, a coffee pot, dishes and silverware for two, a microwave, two-burner stove with a vent, and an air conditioning/heating unit. A single, heavily-draped window

overlooked outside parking lots. In addition, double-locked doors in each hotel room emptied into a carpeted interior corridor. These corridors often carried the sounds of in-room conversations and high-volume television programs, as well as smells of cigarette smoke and intermingled cooking. Additional amenities for guests were snack and ice machines, along with one laundry and one conference room. There was no pool or congregate areas on the property for guests. However, since the hotel was situated in a bustling, high-traffic business and shopping area, potential recreational and employment opportunities were within walking distance for residents without cars or other transportation; hence allowing the surrounding community to be both "marketplace and home" (Arrigo, 1994, p. 96).

Although hotels have been labeled "non-homes" by some researchers (Douglas, 1993; Sixsmith, 1986; Smith, 1994), others have described how the feeling of home is created within these nonpermanent shelters. Leanne Rivlin, an environmental psychologist, asserts "Whether they are squatters, people in shelters or in temporary, limited quarters, people do make attempts to create homes for themselves and their families..." (Israel, 2003, p. 230). In a discussion of the mobilization of homeless people, Wright (1997) agreed with this assertion that people will create a place for home as necessary when she wrote:

As active agents it is clear that poor people, like all people, attempt to reassert their "place" in society, to establish a "homeplace" in the midst of deprivation, humiliation, and degradation. The contesting of what constitutes a legitimate "place," both socially and physically, is often what social struggles are about. (p. 5)

Even in substandard living conditions, the tendency is to try and create a feeling of being at home.

Liminality

The concept of liminality is helpful in understanding the "social struggle" alluded to by Wright (1997) in the quest to find a place in society to call home. Originally an

anthropological term coined by van Gennep (1960) and further developed by Turner (1967) in the study of transformative rites of passage, the concept of liminality has since been used across disciplines to refer to the state of being in-between; a place “where the old world has been left behind but we have not yet arrived at what is to come” (Franks & Meteyard, 2007, p. 215). As a state, liminality connotes being in-between the thresholds of two entities, as is the case for people finding themselves without the comfort of a stable and permanent home yet who are seeking one (Huey & Kemple, 2007). During this transitional phase, a person is separated from one social category and becomes suspended in an intermediate status before crossing over into another category. One author captured the essence of this transition period well when she described that she felt as though she was a “migrant between cultures” (Josephs, 2008, p. 252).

People residing in a hotel long-term are situated between the categories of being housed and being not housed, as well as between having a home and being homeless. They are neither fully housed at a hotel nor un-housed and homeless, hence the ambiguity and paradoxical position of being in this middle phase. Removal from a familiar and secure context (being displaced) and thrust into an existence of uncertainty (temporary hotel housing) creates an anxiety-producing discomfort (Molzahn, Bruce, & Shields, 2008; Warner & Gabe, 2004) for residents.

The struggle inherent in being in this liminal “season” (Franks & Meteyard, 2007, p. 217) is characterized as a transformative experience. There is a shift or change within the individual, during which people report experiencing paradoxical feelings. For example, in a study of people being treated for chronic kidney disease, patients described simultaneously feeling as though they were living and not living, alone yet connected, worse off and better off, dependent as well as independent, and restricted but also free (Molzahn et al., 2008). Similarly, people who are terminally ill balance the hope for a cure while reconciling the possibility of death (Anderson, 2007). In essence, they are actually “caught in the middle” (Warner & Gabe, p. 388) of life and death.

These feelings can often elicit strong and confusing

emotions. While recalling her journey in the development of her spiritual self, one pastoral care coordinator reported experiencing relief and enlightenment while “wandering in a wilderness,” as well as intense anguish and grief (Franks & Meteyard, 2007, p. 216). This same emotional paradox was experienced by respondents of this study. Families at the extended-stay hotel described living there as an “in-between” in their housing history. The plan was to stay only as long as it took to sort things out and move on. It was a temporary home. Therefore, although they felt relieved and thankful to be able to live in the accommodations of the hotel after being displaced (since having no shelter would be a worse), they also experienced an unrelenting emotional struggle with their inability to get out of this temporary housing solution. Within this manuscript, the emotional struggle experienced by low-income residents at the extended-stay hotel is presented in the hopes that illumination of this liminal state will encourage further thinking about how families “caught in the middle” (Warner & Gabe, 2004, p. 388) of precarious shelter can be assisted in pushing past the threshold into more stable housing.

Methodology

A basic qualitative research methodology was conducted to understand the relationships existing between residents and their extended-stay hotel dwelling place through descriptions of home. Participants were recruited as key informants with flyers placed in the hotel lobby and by referrals from front desk staff. Further recruitment was enhanced by snowball sampling as respondents made referrals to other families at the hotel during the interview process. Since qualitative research seeks to explore unique experiences, sample size may range from one case study to “as many as the researcher needs” (Padgett, 1998, p. 52), depending on the purpose of the inquiry and when data collection reaches saturation, when no new information emerges. In this study, saturation was reached at seven participants; however, an additional three participants were interviewed for confirmation of emergent themes.

All participants reported net incomes of no more than \$33,360 annually for the household. This level of income

was considered necessary to afford a one-bedroom apartment at fair market rental (FMR) rate (an amount considered fair for a landlord to ask for in rent) in Gwinnett County and Metropolitan Atlanta in 2004; the FMR was set at \$834 in 2006. Therefore, families with incomes below \$33,360 annually were more likely to be those who had few, if any, housing choices other than an extended-stay hotel. Interviews were completed over a seven week period with seven women and three men. Each respondent was paid \$25.00 for interviews conducted using a semi-structured interview guide which ranged in time from 52 to 120 minutes. All interviews were tape-recorded and transcribed. All of the names in the article are pseudonyms chosen by participants.

Transcribed interview notes were analyzed using the constant comparative method. This process began with open-coding the collected data by the "examination of minute sections of text made up of individual words, phrases, and sentences" (Creswell, 1998, p. 302). From this process, preliminary categories were identified. Linkages between these categories and their subcategories were also noted (Creswell, ; Merriam, 2002; Strauss & Corbin, 1990). As new categories were formed, in vivo labels describing the contained data were applied to the categories, such as "feeling boxed in" and "wanting to leave but cannot." These labels included the language of participants but also the creative ideas of the researcher.

Within the interviews, the concept of liminality was explored with participants. In particular, they were asked: (1) how they described their dwelling as home, and (2) the aspects of the extended-living hotel that contributed to or detracted from achieving a sense of home. Based upon their answers, two themes were identified which are provided in the following section.

Findings

Respondents

Families in this study varied in age, gender, ethnicity, household composition, and employment (See Table 1). Most of the respondents were married with children and had lived at the hotel for about four months. One exception was a family who

had been there over a year. Many of the participants worked in blue collar fields, bringing in household incomes ranging from \$11,200 to \$32,000 annually. Of the four unemployed respondents, two described themselves as homemakers and one was a student. One unemployed respondent considered herself a “blackballed” nurse in an unsuccessful search for work.

Table 1. Respondent Demographic Data

Resident name and work type	Age	Ethnicity	Gender	Marital Status	# of Children at Hotel	Annual Household Income (\$)	# of Months in Hotel	# of Beds in Room*
Ashay Licensed Nurse**	49	AA	F	M	0	31,000	12	1
Dell Carpenter	47	CA	M	S	0	30,000	4	1
Bobby Irrigation Installer	31	AA	M	M	2	18,000	4	1
Barbara Ann Student	51	AA	F	W	3	11,220	1	2
Dee Preschool Teacher	51	AA	F	S	1	12,000	1	2
Jennifer Homemaker	37	LA	F	M	2	12,000	1	2
Kevin Warehouse Worker	28	AA	M	M	0	22,000	6	1
Jessica Homemaker	19	CA	F	S	0	25,000	2	2
Harley Homemaker	47	CA	F	M	1	22,000	6	1
Mary Auditor	34	AA	F	M	2	32,000	1	1

Notes: Ethnicity: AA=African American, CA=Caucasian American, LA=Latino American; Gender: F=female, M=male; Marital Status: M=married, S=single, W=widowed *Room size = 330-340 Sq. Ft.; **unemployed.

For all of these families, reasons for moving into the hotel involved the inability to afford another place to live. Prior to living at the extended-stay hotel, most respondents had either

rented or owned their own homes, but they were displaced by eviction, foreclosure, or financial instability (See Table 2). A few respondents lived in other extended-stay hotels prior to the one in which they resided during the study; they reported that moving to the newer location was an upgrade to their housing situation. One person moved into the hotel after living secretly in an office building.

Table 2. Resident Housing Displacement History

Ashay <i>Financial Strain</i>	Ashay's loss of employment created the need to sell her home. During the inability to secure a new position, the family has exhausted all savings and is unable to purchase another home or pay the security/deposit on an apartment.
Barbara Ann <i>Financial Strain</i>	After the death of her husband, Barbara Ann exhausted all her savings while grieving. She has no income and seeks social security..
Bobby <i>Evicted</i>	Bobby followed his employer to GA for a work project but was subsequently laid off when the contract fell through. Bobby has no savings and poor credit. He is currently saving to afford the security deposit for an apartment and a second chance from an apartment complex willing to overlook his credit history.
Dee <i>Evicted</i>	Dee's husband only sporadically contributes income and is often unemployed. Dee has been evicted from several apartments due to the inability to afford expenses on her single income.
Dell <i>Foreclosure</i>	Dell lost his home due to inability to pay the mortgage while he unsuccessfully tried to help a friend avoid foreclosure.
Harley <i>Evicted</i>	Harley withheld her rent payments because the landlord did not make agreed upon repairs. She was evicted for non-payment. She sued her landlord for property mismanagement and wrongful eviction, but she lost her case.
Jennifer <i>Family Conflict</i>	Jennifer cannot afford an apartment at this time, but she is saving money. As a young adult, she left her family home due to her parents' abusive relationship and her older brothers' drug use.
Jessica <i>Financial Strain</i>	Jessica's husband worked in New York and lost his job when the company was destroyed during the September 11th terrorist attack. Her husband is seeking new employment.
Kevin <i>Financial Strain</i>	Kevin's wife broke her leg and was unable to work and contribute to the family income.
Mary <i>Financial Strain</i>	Mary has had a poor history of living with roommates but cannot afford housing on her own. A friend of hers allowed her to secretly sleep overnight in a professional office, as long as she could stay out of sight. Mary was able to live at the hotel because her son accepted a position at the same hotel. However, he quit after a month and moved in with another friend. Mary is uncertain where she will continue to live as she is unable to afford the extended-stay hotel.

Themes

As stated, the interview data were condensed into two overall themes. The first theme captured the difficulty of moving out of the extended-stay hotel, hence the feelings of entrapment and lack of progress during a liminal living arrangement. This theme was titled: "*You have a hard time getting out.*" Data supporting this theme includes residents' expectations of leaving the temporary housing situation and plans for moving on to more permanent shelter. However, situations beyond their control locked them in a liminal state of waiting to get out of the hotel. The second theme captured the stress and emotional turmoil of living in this transitional state. This theme was labeled: "*Mentally it's just too much.*" Comments from residents that support this theme involve the feelings and perceptions of living in an extended stay hotel, for themselves and their family members.

Theme One: "You have a hard time getting out." After displacement from housing, it was important for respondents in this study to have a place to call home. The temporary solution was the extended-stay hotel. However, all of the respondents were thinking of a place of permanency and had hopes for moving from the hotel into a different type of housing. Bobby, husband and father of two young children, seemed to sum up the sentiment of all respondents when he stated that the hotel as home was "not so much [of] a bad place, but it's just an in-between."

While respondents hoped their stay at the hotel would be short-term and temporary, they waited for some financial, employment, health or other situation to change before they could leave. For many, the next housing type was an apartment, if only they were able to save the down payment or find a job paying enough to afford the expenses. For now, they were just waiting.

Ashay, an unemployed nurse, waited for a nursing job so she could increase her household income, afford a deposit on an apartment, and pay rent. Dee, who used to sleep secretly in an office building, waited to find out if her son would return to live with her and help her out of a current financial bind. If he decided not to return, Dee planned to ask her brother, upon his anticipated arrival to town in a few weeks, about helping

her get into an apartment by co-signing the lease. Bobby's brother would not help him, so he was passing time at the hotel until his credit improved and/or a creditor decided to give him another chance so he could move into an apartment. His pending income tax return check might also help him with an apartment deposit.

Originally coming from a very large home, Jessica only wanted a small apartment big enough for her and her boyfriend to live in alone, if only they could save the money now that he was out of jail. Unlike Jessica, Harley, a stay-at-home stepmom and wife, was adamant that she never wanted to live in an apartment again because of all the problems she had with landlords. Instead, she worked on saving up money in hopes of owning a house someday where she could garden. Kevin and his wife were on the verge of moving out of the hotel. However, he had to wait for their townhouse to get its finishing touches and for his wife's injured leg to heal so she could return to work.

Many residents expressed the need to wait for things to happen that were out of their control, especially Barbara Ann and Mary. As a grandmother helping to raise her three grandchildren, Barbara Ann waited to see if she would be granted disability benefits. Mary waited for "peace." She hoped for God to straighten things out. Even when she had stable housing in the past, there was so much chaos in residing with an abusive and non-working husband, along with her terminally diagnosed Lupus condition, that she was just not at peace. Mary believed God would fix the situation for them by giving her husband his workman's compensation check so that he could afford to live on his own while she and her kids moved on without him. Mary rationalized why it was necessary for her to wait when she stated:

...the Lord is doing this for a particular reason...He's trying to sort some things out...So, I'm just being patient because there's a lot of things in the air that needs to be cleared up. And I think that's what He's trying to do is make sure those things are cleared up. So that's when my children and I move on and get our place, and He blesses us with our new place...we will be at peace.

Even Mary's son begged his older sister to be patient when he explained to her, "at least we're not on the streets, so mommy not gonna have us here too long...we have to wait."

Other residents understood this need to wait on God before leaving the hotel. For example, even though his wife had lost hope, Bobby urged her strongly to keep her faith because "with the help of God...hopefully we'll figure...a way out of here one day." Also, frustrated at feeling trapped at the hotel, Ashay prayed, "God help me get out of here...." Harley also accepted the stay at the hotel when she rationalized, "if we were supposed to be doing something else, God would have us doing something else, but this is exactly what God wants us to do right now, because we're doing it."

Residents believed that when the situations they were waiting for came to pass, they would be able to move on to something perceived as better. Therefore, the longer they had to wait, the more they felt inhibited or trapped from moving on. Further, the absence of progress in this regard was perceived as a failure of plans. For most residents, the obstacles to progress were at the hand of someone else or some other system, and these stumbling blocks were frustrating. It is "as though I've been black-balled," said Ashay, who found it difficult to believe there were not any nursing jobs out there for her. Jennifer also believed work opportunities were restricted for her husband because "they wouldn't hire him."

Residents alluded to the hotel as a trap through their descriptions of the rooms as "secluded," "crowded," "closed in," and "confining." The idea of a lengthy stay in this "box" was troubling for those who had been in the hotel longer than expected. Ashay pointedly stated, "I feel like I am trapped. Yeah, I feel like I am trapped in this place...it seems as though I can't get out of this situation..."

Theme Two: "Mentally, it's just too much." The inability to leave the hotel caused significant emotional strain for these families since they all wanted to leave as soon as possible. Staying too long at the hotel was simply unacceptable. Feeling "stuck" at the hotel made residents suffer guilt, depression, and shame. These emotions further reinforced the urgency to leave and the unacceptability of living at the hotel long-term. Ashay summed it up when she remarked, "About living in this

place here? It's OK, but again, it's for someone who is passing through."

Jennifer wanted to leave the hotel in the next couple of weeks because "to stay here, like for three, four or five months...would be too much. I think we would just pull our hairs out, but since it's going to be just for a short time..." the situation was livable. She had heard of people staying for years and that was okay if they lived alone, but with a husband and children "it would be totally unhealthy." Harley had made good friends and she was fond of living at the hotel, but even she would not stay long, "because I wouldn't want to just live in that little room forever." Most respondents rejected the possibility of staying at the hotel as a permanent housing solution. Reasons for the rejection centered on the need for more space, having a place of their own, finding privacy, and living in a place without restrictions.

Whereas some participants worried about becoming uncomfortable living at the hotel for a long period, a few worried about getting too comfortable while living there. Getting too comfortable, for these respondents, meant not making progress. For Kevin, a quiet warehouse worker, "it's just time to go. It's nowhere that you want to get too comfortable and, like I said, try to live for a year or...longer." To avoid getting too comfortable Kevin refused to decorate his room:

I chose not to do it really because I did not want to have myself get too comfortable just being in one spot. And I'm afraid that's what some other people might do and then that's how they get so comfortable and then maybe it's so long before they move out of an extended stay.

The same was true for Dee. She did not put out any pictures at the hotel because "right now I'm just kind of packed up still because it's temporary and I didn't want to get too comfortable because the goal was to move on, you know, as soon as possible." Bobby used the same tactic and prevented his wife from settling in too much because he always wanted to be ready to go. This aggravated his wife, who remained in a constant state of unease because she needed to get comfortable. However, he would not allow it. For Bobby, settling in would be giving in to

failure. He explained,

...for me to decorate or for me...to put something up, or even to hang something up...would be my kind of resolving to the fact that I think I'll be here for...even longer than what...I will be. I think for me to do that... would be resolving to that and...I just wouldn't feel comfortable doing that...No, don't get too comfortable. Leave those bags like that, 'cause we gonna be going... so...sometimes that frustrates her.

Ashay agreed that staying too long might distract a person from getting ahead. She stated, "I think if a person lives in these types of facilities too long, they become too institutionalized..." For Ashay, people who became comfortable living at that hotel were just satisfied with their living situation. However, she was not satisfied because "being here is just like I'm stuck and I'm not making any progress."

Bobby demonstrated the weight of his negative emotional experience by his tone, slouched shoulders, and melancholic expression when he explained how he felt he had failed to provide for his family like his father had provided for them. He blamed himself for his family's misfortune. While comparing himself to his father, Bobby sadly commented:

I feel especially responsible just because...I mean, in my household, my father was the...he made more money than my mother made. He was just pretty much, you know, he took care of everyone and he was the head of the house and where he would lead us, we pretty much would follow and he never let us down. That I can recall. He never led us in the wrong direction. Or if he did, then we didn't feel it or we didn't know it. You know? And I feel responsible because I am...I married her. And, you know, I took responsibility for her. And then we had children. And...and I do feel like it's my responsibility to lead us out of here...And to get us to, you know...stability.

Bobby's guilt appeared unrelenting as he explained how badly he felt about times when his daughter Brandi created

drawings in school of a pretend bedroom and party sleepovers that she does not and cannot have in their current housing situation. With his head bowed in shame he described, "I want to cry out but...I'll look at her and I won't let her see me...[but] that just bothers me to no end." The inability of her daughter to handle living at the hotel also bothered Mary. She described this difficulty when she stated, "My daughter hasn't adjusted. [She] spends very little time here. She's always with my girlfriend and her daughter, or she's at one of her girlfriend's house. She's 14 and can't handle it. Mentally, it's just too much for her."

Respondents also reported the psychological discomfort experienced by their spouses. Along with managing his own emotions, Bobby had to consider his wife's psychological state as a result of staying at the hotel. Bobby believed she "is sometimes losing her mind and I pray for her and I talk to her. That may work for that day, but then the very next day she is feeling the same thing over again." The stay at the hotel had also been difficult for Kevin's wife. Kevin explained that for the last month or so, "it's been like really aggravating her. She was saying, 'Oh, I can't wait to get out of here!'" Ashay, who worried about how her husband was faring at the hotel, also expressed this concern. Her husband needed more space and did not have it. Ashay observed, "It is just like mentally I think it has even begun to show on him, you know?" She further explained, "I don't know. It just seems like if a person is boxed in long enough their mind just...I don't know. They begin to crack or something. It is like 'just gotta get out!'"

As a result of not being able to "get out," Ashay reported experiencing severe depression, even suicidal thoughts, since being at the hotel. Depression was also experienced by Harley and her stepdaughter because they initially could not bring themselves to accept the idea of living in a single room. During the interview, Harley recalled,

...Got so depressed in this room, I did. I really got depressed to where I wouldn't come out of the room. And I just got up one morning and I looked around, and I was like (big sigh). It's because this is theirs and I don't feel like I got a home...

Harley's husband was also depressed about being at the hotel. Like Bobby, his depression emanated from feeling as though he had failed to provide for his family. Harley stated, "I think it depresses him because he feels...that he let us down."

In addition to guilt and depression, people seemed to be embarrassed about living at the hotel. In fact, Bobby found that people were sometimes dishonest about why they lived there. He believed they masked the real reasons for being there to avoid talking about it and to protect the privacy of the situation. When he asked guests why they were at the hotel, instead of being honest they would say, "we're waitin' on a house to be built or, you know, my apartment got flooded or...just different things like that but...then, you still see them next month." Unlike Bobby, Dee did not ask people why they were at the hotel. She might have known that the guests were long-term and maybe even the reason why. However, Dee resisted invading their privacy. She explained:

I don't get into their business with asking them questions. I feel everyone deserves a little privacy. And sometimes your situation *is* your privacy especially when the face of it is evident of what it is. But let you keep your life as private as you possibly can.

Researchers (Lecci, Karoly, Briggs, & Kuhn, 1994; Salmela-Aro, 1992; Wallenius, 1999) have linked depression and other psychological problems to the low outcome expectancy of meeting personal projects. The psychological impact of not being able to achieve stable housing outside of the hotel for residents seemed unrelenting. Residents perceived that the only aspect of hotel living that met personal goals was the ability to avoid doubling-up or becoming shelterless. The possibility existed for many of the respondents to go and live with other family members or friends. However, to maintain family independence and avoid imposing on others, these families found the extended-stay hotel to be their temporary refuge. For them, there were certain inconveniences and embarrassments associated with doubling up with others. Therefore, they believed the hotel to be their only real choice. This sentiment was conveyed by most, but stated no stronger than in Jennifer's declaration that "it's either here or under a bridge."

Discussion

Hotels have been described as being spatially liminal in other studies (Pritchard & Morgan, 2006; Seymour, 2007), referring to an accommodation that one journeys through after leaving home and before reaching a planned destination. However, for the displaced participants in this study, home and hotel have become one and the same, for longer than expected and with no certain exit plan in mind. Caught in this liminal housing phase, the psychological well-being of these residents has been compromised. They feel trapped, boxed-in, and unable to escape the realities of their financial situations. Although hopeful, these residents were all waiting on something to happen that was out of their control. Therefore, they were left feeling frustrated, depressed, and guilty. Max (1997) described this mental anguish of feeling trapped in residence at a hotel when she noted:

The animal trapped by the foot will chew off the foot to escape. What about the one who is trapped by the mind? The mind in a trap can't create; it can only stumble around trying to find a way out. And on freeing oneself from one trap, one may find oneself in another, larger trap. Freedom is relative. The bars of the cage may become harder to define. May [even] become impossible to define. (p. 32)

There are three major concerns apparent in the experiences of the families at the extended-stay hotel. The first is the ease of falling into near homelessness due to financial instability, the second is the difficulty of families getting out of a liminal housing situation, and the third is the need for a more collective social work voice in the housing policy arena. Creating solutions in these three realms on the micro, mezzo, and macro levels through education and prevention, building community programs, and advocating for responsible housing policy are appropriate steps for social workers assisting families who are overwhelmed with housing issues. Specifically, practitioners can provide consumer economic education and assist individuals and families in locating financially feasible housing, thereby avoiding displacement. In addition, community

organizers can develop and promote visible and accessible community support programs to help empower families to participate in progressive housing solutions. Finally, collective social work advocacy can promote more funding of effective housing initiatives.

Avoiding the Liminal Housing Trap

Preventative strategies are needed to educate families about the true costs of housing to avoid a housing crisis. The precarious nature of the modern U.S. economy and housing market often forces many families into a liminal state of instability. More specifically, housing eruptions are caused by simple and unexpected life events that take a toll on the family's financial reserves, if any are even in place. This country is at an all-time high in mortgage foreclosures, which only promises to get worse, due to the inability of overextended high-risk families to repay subprime loans. It is estimated that in two years 33% of families will be in foreclosure and Georgia has been identified as one of the hardest hit states in the past year (Urahn & Hearne, 2008).

Families must be aware of the hidden costs of managing sheltered households since most of the respondents' ideas of "stability" focused on obtaining a single-family dwelling, the "dream home" of American society. However, as Stone (1993) pointed out in his discussion of shelter poverty, owning a home comes with a new set of responsibilities along with the typical concerns and pressures of financially maintaining a mortgage. These worries include mortgage insurance, property maintenance, and a host of other hidden fees and regulations that come along with being a homeowner, perhaps the larger "traps" (Max, 1997, p. 32) alluded to regarding relative freedom. These responsibilities often are not considered by families seeking to own homes, even when budgets are already stretched without these additional expenses. What can be afforded must be determined after taking into consideration household size; as the numbers of members in a family vary so will non-housing expenses. For example, if Dell and Jennifer's households had identical incomes and housing expenses, Dell's accommodations would still be considered more affordable because his non-housing expenses

(depending on lifestyle) would probably be smaller than Jennifer's expenses. Grocery, healthcare, and leisure expenses would be greater for Jennifer's family of four, than for Dell's family of two.

Helping Families "Pass Through" Transitional Housing

A second intervention step for social workers will be helping families move on to more stable housing. For respondents in this study, becoming free from the entrapment of the hotel meant "making it" to a point of owning a single-family detached home, even if living in an apartment or townhouse was the next step. Several respondents expressed difficulty in saving enough money to get out of the situation because of the continued need to pay rental fees and other expenses. Immobile, liminal—they felt despondent and believed they were personal failures because they could not move out into their own homes. It is clear that there is a need for programs that bridge families from the extended-stay facility to apartments or other housing options. Such programs should include education on money management, credit repair, and rental or homeownership responsibilities. Currently, the Impact! Resource Center in Gwinnett County (www.theimpactgroup.org) offers transitional housing services that help families regain financial footing and stable housing. More supportive programs like this organization should be created for people on the brink of losing shelter. Most importantly, these programs need to be visible, accessible, and known to the communities they assist.

Arrigo (1997) outlined an eight-step model to help disenfranchised residents move from alienation and powerlessness to engagement and re-communalization. Such steps may be used by mental health professionals to assist families with the psychological and social struggles that are aligned with housing (Arrigo & Takahashi, 2006). In particular, it may be necessary to challenge families' notions of success as being equivalent to achieving the American Dream types of housing and instead recognize the worth in remaining housed and off the street in alternative and suitable shelter. In addition, support groups can help families become empowered to assist each other in finding appropriate housing solutions. In addition, Arrigo (1994) proposes that social work intervention should be strength-based;

thereby recognizing and using the “untapped skills” of disenfranchised people (p. 110). For example, these families may work together to create cooperative meal-planning or child-care strategies as a possibility for reducing household costs. Another resource from such groups may be the identification of roommates or cost-sharing arrangements for housing.

Advocating for Strategic Housing Initiatives

Collective planning, organizing, and empowerment of low-income families experiencing housing problems is essential. Interventions must be created with the recognition that not all families are chronically homeless. Some families are in a pre-homeless state, living paycheck to paycheck, but still able to juggle expenses and avoid displacement. Many families like these eventually fall into foreclosure or eviction, such as the families in this study—unseen and unknown, yet stuck, depressed, and pleading for help to avoid becoming unsheltered. Other families may experience a traumatic life altering event like illness, job loss, or natural disaster that forces them into transitional homelessness. Still others are chronically homeless and struggling with remaining sheltered over an extended time. Given this understanding, assistance must be graduated by need across the continuum of care for families stuck in pre-homeless to chronic homeless conditions. Therefore, it is essential for social workers to advocate for continued funding and policy to support rental and mortgage assistance programs, as well as new transitional housing initiatives to help families move from temporary hotel accommodations to more stable and permanent solutions. Specifically, these housing programs might provide short-term financial assistance for families needing to pay apartment application fees, security deposits, and other start up costs as they try to move out of hotel housing. Further, these transitional housing initiatives might also provide the option of bundled payments for a variety of services for low-income residents moving from an extended-stay hotel.

Conclusion

In this study, low-income residents described home at the hotel as a liminal experience. They were in an “in-between” phase, “trapped” on a continuum between the housing they had in the past and housing they hoped to obtain in the future. These families relayed their emotional struggles of having to wait while trying to get out of a housing situation intended to be temporary. This stagnating liminality, being stuck in a make-shift housing solution, caused psychological distress for its inhabitants and should be an alarming concern that implores social workers, as change agents, to act. The fact that people on the brink of homelessness are reporting that they feel trapped in a situation described as “mentally, too much” begs for the urgency of social workers to counsel these individuals to feel more empowered, to create accessible community assistance, and to advocate for more effective housing programs.

To set the stage for such interventions, it is necessary for social work practitioners, community organizers, and policy makers to understand, first and foremost, how families are faring inside their homes, since these are the primary environments where individual and social development takes place. However, despite recognition of the setting as a critical component of the person-in-environment approach of social work practice, it is often the most neglected area of pedagogy in schools of social work. Therefore, to promote responsible and comprehensive practice at all levels of social work intervention requires educators to begin integrating topics relevant to housing (economics, credit management, defensible space, restorative environments, etc.) in many of the courses that prepare students for work in the community. It is incomplete social work practice to address bio-physiological, social, and psychological domains of well-being without consideration of the physical environment in which it is situated. The very strength of this professional field of practice is the ethical understanding that people cannot be understood separate from their cultural context, the environment in which one is expected to thrive (Hopps, Pinderhughes, & Shankar, 1995). In addition, to affect true community change, social workers must be prepared to sit at the table with architects, urban/city

planners, and politicians—and to empower residents to engage in these dialogues about the critical need for more coordinated and effective planning in housing.

A limitation to this study is that only one person represented the ideas of the family unit. In future studies, it would be beneficial to interview many members of a family to determine various views of feeling “stuck” in the hotel situation based on roles and responsibilities in the household. Such research might take a closer look at children’s perceptions, or those of dependent older adults. In addition, this study did not explore the help-seeking strategies used by residents in an effort to become un-stuck. Continued research on residents’ experiences of seeking help for housing stability would help shed further light on internal and external barriers for moving out of the extended-stay hotel.

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